(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 18 2018

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	-						NEW HAMPSHIR
I. Name of Lobbyist	(s)	Robert	0	LSON			DEPARTMENT OF S
II. Name of lobbyist	's partner:	ship, firm or c	orporation	n, if any:			
		LAW		-	PLLC		
(Na	me of partne	rship, firm or co					
770 Bro	sad	Cove	Rd	Hopk	inton	NH	O3229 (Zip Code)
Business Address: (S	treet)		(Town/C	ity)	(Sta	te)	(Zip Code)
(603) 496 29 (Telephone)	198	(→		(Fax)	e-mail 🕜	olson@r	okon lawoffica. c
III. This statement or reportable expense t	overs: (Ch	oose one – file s which are n	e separate ot attribut	reports for e able to any o	ach client, O one client).	R you may	file a separate report for
X All reportable train	nsactions of	ccurring in the	months pri	ior to the repo	rting date rela	ative to the f	following client:
D	G U	uhited	reld	.LL:C			
-		ne of Client as it				n)	
<u>OR</u>							
☐ All reportable tran unrelated to any partic			ncluding th	ne lobbyist's i	family), or the	lobbying fi	rm listed below which are
IV. Date of Report Reports cover: activ		5, 2018 te of registration	ı to 3/31/18	activi	July 25, 201 ty from 4/1/18		
		31, 2018	/18	activ	January 30, : ity from 10/1/1		
V. There have been If this box is checked, Concord, NH 03301.							
VI. Check if addition							
If you have received							
☐ If you have paid a Expense Reimbursem		um or reimbur	sed expens	es, you must	file Addendu	m B– Repor	rt of Honorariums or
☐ If you, your firm,	or your far	nily has made	political co	ntributions, y	ou must file	Addendum	C- Political Contributions
Sworn Statement/Af I have read RSA 15, F	firmation I RSA 15-B,	by Lobbyist RSA 14-C and	RSA 664	and hereby sv	vear or affirm	that the for	egoing information is true
and complete to the b			belief.		_	- 0	
(Signature of lobbyis	5	>~			7-1	8-18 (Date)	
(Signature of lobbyis	t)					(Date)	
Robert	OL S	30 N					

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Robert OLSON	
II. Name of lobbyist's partnership, firm or corporation, if any:	
R. GLSON LAW OFFICE PLLC (Name of partnership, firm or corporation)	
•	
III. Name of Client DG White field, LLC	Date 7-18-18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The gro reduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 11764, 46
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye	b) \$1970.88
c) Total of all fees received to date (Add lines a and b)	0)\$ 13 735,34
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0.00-
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reperfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	lient and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid penses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; than \$10 that is given to the person divided with a value of \$25.00 or less); and ting period of greater than \$25.00 for e of greater than \$25, purchase of than \$25, but not greater than \$50 expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$ 1901, 36
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period	d) \$ 1901, 36
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$ <u>2083.06</u>
f) Total of all expenses year to date	ns 3984,42
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	s
	s
	\$
	\$
	s
	\$
•••••••••••••••••••••••••••••••••••••••	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
MCUPAST	7-18-18
(Signature of lobbyist)	(Date)

(Print Name of lobbyist)